



UNIFORM STAMP ANNUAL RENEWAL FORM

Yellow Fever

Physician Name and Suffix: _____

Texas Medical License Number: _____ Stamp Number: 42 - _____ - _____

Facility Name: _____

Address: _____

City: _____ County: _____ Zip: _____

Facility Phone: (_____) _____ Facility Fax: (_____) _____

Facility Website: _____

Contact Person: _____ Direct Phone: (_____) _____

Contact Email: _____

Communication regarding your yellow fever account is made primarily by email. Please select a permanent email address for your contact email, preferably the physician's.

Number of yellow fever vaccinations administered 1/1/2019 through 12/31/2019: _____

Please report adverse vaccine reactions to the Vaccine Adverse Event Reporting System (VAERS) at: <https://vaers.hhs.gov/reportevent.html>.

I wish to continue my authorization to administer yellow fever vaccine.

I understand that the Uniform Stamp is the property of the Texas Department of State Health Services (DSHS). I agree to: 1) keep the stamp secure and return the stamp to DSHS upon request; 2) use the stamp only for International Certificates of Vaccination issued by me; 3) report adverse vaccine reactions to the Centers for Disease Control and Prevention (CDC); 4) administer vaccine in accordance with DSHS rules and CDC recommendations; 5) receive and administer yellow fever vaccine only at the site designated on this form. Vaccine must be shipped directly from the manufacturer to this location and not transferred between facilities; and 6) submit the Annual Renewal Form and fee every January in order to remain authorized. I will obtain the form at <http://www.dshs.state.tx.us/immunize/tvfc/YellowFever.shtm>.

My signature below acknowledges my agreement.

Signature of Physician

Date

ZZ302-008 and the **Doctor's Name** MUST be written on the payment in order to ensure the correct physician is credited for payment. Please mail this form and the **\$38.00** renewal fee to:

Cash Receipts Branch
Texas Department of State Health Services
MC-2003
P. O. Box 149347
Austin, TX 78714-9347

If you are not renewing, the uniform stamp and a completed Uniform Stamp Return Form (no payment) must be mailed to:

Immunization Unit
Texas Department of State Health Services
MC-1946
P. O. Box 149347
Austin, TX 78714-9347

Please visit our website at: <http://www.dshs.state.tx.us/immunize/tvfc/YellowFever.shtm>